EXHIBIT C

	<u>=niereo 08/09/11 14 48 17 Pane 2 01 7 </u>
AUSTRIC OF NEVADA	OOF OF CLAIM
Name of Debtor US COMMERCIAL MORTGAGE CO. HFAH-CLEAR LAKE, LLC	lumber
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating
Name of Creditor and Address	to your claim Attach copy of statement giving particulars
11321241002939	Check box if you have
RICHARD A NIELSEN INCORPORATED PSP 1305 BONNIE COVE AVE	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
GLENDORA CA 91740-5204	BMC Group in this case Check box if this address SECURED INTEREST IN A BORROWER THAT IS NO ONE OF THE DEBTORS
	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (626 335 ~87)	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated
1 BASIS FOR CLAIM	ir this claim amends
Goods sold Personal injury/wrongful death	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Tayes U wages	salaries and compensation (fill out below) Other claims against service (not for loan balances)
Monay logged Other (decambe backs)	compensation for services performed from to
2 DATE DEBT WAS INCURRED 11.05 3 IF	(date) (date)
2 DATE DEBT WAS INCURRED 165 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff) Brief description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	secured claim, if any \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Wages salaries or commissions (up to \$10 000)* earned within 180 days	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) () * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ \OO	with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ (unsecured)	(secured) \$\$ (pnonty) \$ _\\(\) (Total)
Check this box if claim includes interest or other charges in addition to the principal	I amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents.</u> running accounts contracts, court judgments, mortgages, security agreements.	its, and evidence of perfection of lien DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available, explain If the document 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of	
proof of claim	•
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ng Pacific time, on November 13, 2006
Attn USACM Claims Docketing Center Attn US	OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Center st Franklin Avenue
El Segundo, CA 90245-0911 El Segu	ndo, CA 90245
SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any	or other person authorized to file USA CMC 1072500679
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 US C §§ 152 AND 3521

e sekureo si s		PR	OOF OF CLAIM	10.17 140	JC 3 01 7
Name of Debtor	^ ' '	Case N	umber		
45,	A Commercial	06-	·10725 (LBR)		
\\^o	rtgage Compan	Y			
NOTE See Reverse for List	of Debtors and Case Numbers I to make a claim for an administrat		Check box if you are		
arising after the commencem	nent of the case A "request" for pay	yment of an	aware that anyone else has		
	be filed pursuant to 11 U S C § 503	3	filed a proof of claim relating to your claim Attach copy of	i	
Name of Creditor and	Address 	003181	statement giving particulars		
DAVID W SC	CHROEDER A SINGLE MAN	000101	Check box if you have never received any notices		
	ILLE AVE APT 1		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
LOS ANGEL	ES CA 90049-5422		Check box if this address	ONE OF THE DE	
			differs from the address on the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	QN 2078831		envelope sent to you by the court		E IS FOR COURT USE ONLY
	other number by which creditor ide	ntifies debtor	Check here repla	ces	
			if this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM			benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold	Personal injury/wrongful death	^h ☐ Wages	salaries, and compensation (fill out below)	Other claims against service
Services performed	Taxes		ur digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCUR	RED 1-06-2005	3 IF	COURT JUDGMENT, DATE O	BTAINED	(date) (date)
1	AIM Check the appropriate box or bo	es that best des	cribe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for importan UNSECURED NONPRIORI	•		SECURED CLAIM		
Check this box if a) there	s no collateral or lien securing your claim		1 —	our claım ıs secur	red by collateral (including
exceeds the value of the partitled to priority	roperty securing it or if c) none or only p	art of your claim is	a right of setoff) Brief description of	f collateral	
UNSECURED PRIORITY CI	AIM		Real Estate		Other
Check this box if you have entitled to priority	an unsecured claim all or part of which	IS	Value of Collateral		000,000
Amount entitled to priority	\$			nd other charges	at time case filed included in
Specify the priority of the c	laım		secured claim if any		at anno saos mos morocos m
Domestic support obligation	ns under 11 U S C § 507(a)(1)(A) or (a)	(1)(B) [Up to \$2 225* of deposits tow		
	ssions (up to \$10 000)* earned within 1 itcy petition or cessation of the debtor's	80 days	services for personal family of		• • • • • • • • • • • • • • • • • • • •
	her 11 U S C § 507(a)(4)	[Taxes or penalties owed to go Other - Specify applicable par		
Contributions to an employ	vee benefit plan 11 U S C § 507(a)(5)	•	* Amounts are subject to adju	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLA	AIM \$	\$ 50.	with respect to cases commer	nced on or after the	
AT TIME CASE FILED	(unsecured)	_ v _ 50,	000.00 \$	(pnonty)	\$ 50,000.00
Check this box if claim incl	udes interest or other charges in addit	ion to the principa	•	,,	, ,
6 CREDITS The amount of	of all payments on this claim has be	en credited and	deducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCU	MENTS Attach copies of supporting	ng documents,	such as promissory notes pur	chase orders, inv	oices itemized statements of
	cts, court judgments mortgages, se cuments are not available explain				SEND ORIGINAL
8 DATE-STAMPED COP	To receive an acknowledgmen	nt of the filing of	your claim, enclose a stampe	d self-addressed	envelope and copy of this
•	pleted proof of claim form must	be sent by mail	or hand delivered (FAXES N	NOT I	THIS SPACE FOR COURT
	s actually received on or before 5 y (including individuals, partners				USE ONLY
governmental units)	y (meraang marriadas, parthers	• • •	•		
BY MAIL TO BMC Group		BMC G			
Attn USACM Claims Doo P O Box 911	exeting Center		SACM Claims Docketing Cente ist Franklin Avenue	er F	LED OCT 13 2006
El Segundo CA 90245-0		El Segu	ndo, CA 90245		
DATE	SIGN and print the name and title if a this claim (attach copy of power	ny of the creditor of attorney if any	or other person authorized to file.	Λ	
10-10-06	David W Schroe	der.	Vane Schr	sider	USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

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Security			envelope sent to you t			
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Services performed					• • • •	
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UNSECURED WINNFRORTY CLAIM Check this box if a) there is no collateral or lien securing your claim or b) your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salanes, or commissions (up to \$10 000)*, earned within 180 days before filing of the bankrupticy petition or coessation of the debtor's business whichever a sentile 11 U.S.C. § 507(a)(5) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(5) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11 U.S.C. § \$507(a)(6) Taxes or penalties owed to governmental units. 11	See reverse side for important explanations	ar boot dood!			ant of the claim at the	ie unie case nieu
anght of setoff) ### Secured the value of the property securing at or if o) none or only part of your claim is entied to priority ### Secured D PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entied to priority ### Amount entitled to priority ### Amount entitled to priority ### Specify the priority of the claim ### Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) ### Wages salanes, or commissions (up to \$10.000)*, earned within 190 days business whichever is earlier 11 U.S.C. § 507(a)(5) ### Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) ### TIME CASE FILED ### Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach tiemized stalement of all interest or additional charges ### CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim ### SUPPORTING DOCUMENTS Attach cories of supporting documents, such as promissory notes purchase orders, invoices, termized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS: If the documents are not available, explaim if the documents are voluminous, attach a summary ### DATE STAMPED COPY ### To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claims ### TIME CAPE FIG. ** THIS SPACE FOR COURT USE ONLY (Including individuals, partnerships, corporations, joint ventures, trusts and governmental units) ### PAA TO BMC Group ### ATT D BMC Group ### ATT		.			our claim is secur	ed by collateral (including
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4/26 (06 Harold Huxa	DATE SIGN, and print the name and title, if any of the claim (attach color of name) and of the claim (attach color of name).	e creditor or		d to file		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571	9/26/06 / Arold Thurs	// II alliy)				USA CAPITAL
	Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to s	years or both 18 U S	C §§ 1	52 AND 3571	1072600031

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	ES BANKRUPTCY COURT RICT OF NEVALA		OOF OF CLAIM		
	AL MORTGAGE COMPANY	-	-10725 LBR		
This form should not be use arising after the commence	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request' for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
TRUST DA C/O SUZAN 6 EDDYSTO REDWOOD	1132124100169 LIEWER 2000 REVOCABLE FED 1/18/00 INE LIEWER TRUSTEE ONE CT CITY CA 94065-1264	8	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have alr Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account o	r other number by which creditor identifies	debtor	Check here repla	 a previously 	filed claim dated
1 BASIS FOR CLAIM		Retiree k	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes] Wages,	salaries and compensation (Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCU	RRED 01-05-05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF C	LAIM Check the appropriate box or boxes tha				the time case filed
See reverse side for importa	•		SECURED CLAIM		
Check this box if a) there	ITY CLAIM \$ 51,500 is no collateral or lien securing your claim or b) property securing it or if c) none or only part of you	your claim		our claim is secui	red by collateral (including
entitled to priority			Brief description of	collateral	
UNSECURED PRIORITY C			☐ Real Estate ☐	Motor Vehicle	e 🔲 Other
entitled to priority	e an unsecured claim all or part of which is		Value of Collateral	\$	
Amount entitled to priority Specify the priority of the			Amount of arrearage at secured claim, if any	nd other charges \$	at time case filed included in
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	rlier - 11 U S C § 507(a)(4)	<u>L.</u>	Taxes or penalties owed to go Other Specify applicable pan		5 ()()
Contributions to an emplo	yee benefit plan - 11 U S C § 507(a)(5)	<u>L.</u>	* Amounts are subject to adjust		
			with respect to cases commer		
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$ 51,500 \$		\$		\$ 51,500
	(unsecured) cludes interest or other charges in addition to th	•	secured) amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
7 SUPPORTING DOCU running accounts contra DOCUMENTS If the do	of all payments on this claim has been created MENTS Attach copies of supporting doctors court judgments mortgages security accuments are not available explain. If the comments are not available explain.	<u>uments,</u> su agreement documents	uch as promissory notes pure s, and evidence of perfection are voluminous attach a sui	chase orders inv of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
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ACCEPTED) so that it if for each person or enti	npleted proof of claim form must be sen s actually received on or before 5 00 pm ty (including individuals, partnerships, o	ı, prevailin	ng Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Do	cketing Center	BMC Gro	•		OCT 2 4 2006
P O Box 911 El Segundo, CA 90245-0	9911	1330 Eas El Seguno	CM Claims Docketing Cente t Franklin Avenue do, CA 90245	· · · · · · · · · · · · · · · · · · ·	
10/21/06	SIGN and print the name and title if any of the this claim (attach copy of power of attor	ne creditor or ney if any).	rother person authorized to file Junt Detail 1/18/6 Le Trust Detail 1/18/6	o Juste	USA CMC 1072500717

Casa 06 10725 awz Doc 9903	2-2 Er	tered 09/09/11 14:	49:17 Pag	o 6 of 7
The source of th	PRO	DOF OF CLAIM	FO.17 Pag	JC 0 01 7
Name of Debtor	Case Number		ł	
		'25-LBR		
USA Commercial Mortgage Company	00-107	23-LDK		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		BEING SERVICED BY THE O <u>NOT</u> HAVE TO FILE A PROOF
1132124203746	66	Check box if you have		INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
MONTESANT, RONALD THE 5121 BIG RIVER AVENUE	;	never received any notices from the bankruptcy court or	DO NOT FILE THE	S PROOF OF CLAIM FOR A
LAS VEGAS NV 89130		BMC Group in this case		EST IN A BORROWER THAT IS NOT
The Underfass TRUST		Check box if this address differs from the address on the envelope sent to you by the	if you have aire Bankruptcy Court o	ady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number () 702 655 7924		court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 9804	debtor	Check here replain	a previously	filed claim dated
1 BASIS FOR CLAIM		Li amei		
Goods sold Personal injury/wrongful death	☑ Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	_	salaries, and compensation (fill out below)	Other claims against servicei (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS # ompensation for services pe	rformed from	to
	· · · · · · · · · · · · · · · · · · ·		-	(date) (date)
2 DATE DEBT WAS INCURRED 1-19-2005 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE O	many and the second sec	a time case filed
See reverse side for important explanations	at best descri	•	unt of the claim at th	e time case med
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if w	our claim ie eacur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or by exceeds the value of the property securing it or if c) none or only part of y entitled to priority) your claim our claim is	a right of setoff) Brief description of		ed by conateral (moduling
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$			·	at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	s _	services for personal, family of Taxes or penalties owed to go		
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable para		- ' ' ' '
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commen	stment on 4/1/07 and	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	50m	\$		\$
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Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts, court judgments, mortgages, security	euments, su agreements	ch as promissory notes pures, and evidence of perfection	chase orders invo	oices, itemized statements of
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for each person or entity (including individuals, partnerships, governmental units)	corporatio	ns, joint ventures, trusts ar	nd	
BY MAIL TO BMC Group	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO JP	'	
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing Cente	r - 11	ED OCT 0 2 2006
El Segundo CA 90245-0911	El Seguno	lo, CA 90245	FIЦ	LU UUI U & ZUUD
DATE SIGN and print the name and title if any of the plant character of the character of the plant character of th		other person authorized to file		
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Case 06ale765-000725-100 8019377367 Enterne 08/109/1/044:44347 1 17000 7 of 7 ANY ATTACHMENTS MUST BE 8-1/2 x 11"

FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM Name of Dubtor USA COLLIERCIAL Case Number MORTGAGE COMPANY 06-10725 LBR CLIVED AND FILED NOTF. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC \$ 503 ☐ Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the debtor owes money or property)
HEINRICH RICHARD WEBER else has filed a proof of claim relating to your claim Attach copy of statement U AND giving particulars BRIGITTE S WEBER Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this 2099 WESTGLEN COURT Check box if the address differs from the RENO, NV address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number the court Last four digits of account or other number by which creditor Check here replaces identifies debtor TAX ID NO 88-0244801 if this claim amends a previously filed claim dated Retiree benefits as defined in 11 USC § 1114(a) **Basis for Claim** Wages salaries and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from \Box Taxes (date) (date) \Box Other If court judgment, date obtained Date debt was incurred. 2006 041101 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claum Unsecured Nonpriority Claim \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or a right of setoff) b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral Real Estate Motor Vehicle Other Unsecured Priority Claim \$ 14,800,000.00 Value of Collateral Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at time case filed included in entitled to priority secured claim if any \$ 2,050.00 Amount entitled to priority \$_ Up to \$2,225* of deposits toward purchase lease or rental of property Specify the priority of the claim or services for personal family or household use - 11 USC Domestic support obligations under 11 USC § 507(a)(1)(A) or § 507(a)(7) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages salaries or commissions (up to \$10,000),* earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(____) days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C \ 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 USC § 507(a)(5) 152,050.00 5 Total Amount of Claim at Time Case Filed (unsecured) (Total) (secured) (priority) M Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped selfaddressed envelope and copy of this proof of claim Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach/copy of power of attorney, if any)

Richard WEBER) (BRIGITIE S. WEBER) Webs